Behavioral Health and Primary Health Care Integration in Washington State: A Summary of Prior System Transformation Report Recommendations and Input from Regional Community-Based Meetings

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Executive Summary

Washington State's Department of Health and Social Services (DSHS) carried out a process to obtain input into potential system transformation initiatives to integrate the delivery of behavioral health and primary care services through the Health and Recovery Services Administration (HRSA).

A two-stage process was used. First, a comprehensive, **exhaustive review of recommendations from 66 reports** was conducted. These reports incorporated input from a variety of stakeholder groups, local/state/Tribal government representatives, and subject matter experts. Second, **regional community-based forums were convened to gather direct feedback to potential policy initiatives** in support of integration developed by HRSA staff through the stage one review of reports. Regional forums were held in four locations around the state: Pasco, Mt. Vernon, Olympia and Spokane.

Stage 1: Comprehensive Review of Prior System Transformation Reports

Over 600 recommendations from the 66 prior reports were systematically reviewed and results summarized within five broad areas.

1. Regarding **Children's Health Services**, the 214 recommendations fell into three overall sets: improving access to care; increasing the use of evidence-based and promising practices (EBPPs); and expanding the involvement of youth and families at a system level.

2. For **Recovery and Peer Delivered Services** for adults, several themes were found across the 192 recommendations: ensuring that care is recovery-oriented and person-centered; expanding housing and employment supports; improving services for special populations such as persons in the criminal justice system, older adults, and youth in transition; and reducing stigma.

3. For **Integrated Care**, 86 recommendations addressed integration at the service delivery and system organization levels, as well as integration of Chemical Dependency (CD) and Mental Health (MH), and Behavioral Health (CD and MH) and Primary Care (PC).

4. The need to address **Health Disparities** was supported across a total of 96 recommendations comprised of separate recommendations for distinct population groups: people from ethnic and minority groups, including Tribal governments and their members; people without health care insurance; people living in rural areas; people with physical disabilities; and gay, lesbian, bisexual and transgendered (GLBT) people.

5. A final area of **Hospital Transitions** encompassed 31 recommendations that addressed transitions to and from hospitals and improving continuity of care, utilization management, quality improvement processes, and data systems; expanding the continuum of care; financing reform; and expanding consumer resources within state hospitals.

HRSA staff then used the results from the comprehensive review of past reports to identify a range of potential policy initiatives. In the second stage of the input process, information on these potential initiatives was shared with community members across Washington State for comment and input through a series of regional community-based meetings held in September and October 2009.

Stage 2: Input from Regional Community-Based Meetings

Through meetings convened in Pasco, Mt. Vernon, Olympia and Spokane, 295 community members, representing consumer, family member, provider, managed care organization / regional support network, local government, and state agency perspectives reviewed information and provided input regarding the potential policy initiatives.

Regarding the concept of a **person-centered health home (PCHH)**, **85%** of respondents with an opinion **agreed or strongly agreed** that PCHHs have the potential to be **effective in delivering integrated services that support recovery, resiliency and improved health status**. Certain groups of participants were less likely to agree with this statement, including those primarily interested in CD services, those primarily interested in youth in transition, those interested in older adult populations, and people of color. However, majorities of each of these groups still endorsed the potential effectiveness of PCHH. Nearly one-fourth (23%) expressed a need for more information in order to form an opinion.

The second set of policy initiatives addressed **children's services integration**. Among those with opinions, **a strong majority of 64% of respondents supported the integration of funding streams for children's services** through one of several approaches. The most popular option was to combine funding for children's primary care, chemical dependency and mental health services (n=103; 36%). Others endorsed this approach if it was augmented in some way, either by expanding the age ranges to include parents, caregivers, young adults, older adults, or adults more broadly for integration, or to expand funding stream integration to encompass both medical and non-medical supports like child welfare and juvenile justice services. Smaller groupings opted for improving state contract requirements to support integrated care (22%), local integration efforts (7%), and a range of diverse options (9%).

The third area addressed potential approaches to **expand access to evidence-based and promising practices (EBPPs)**. No single approach appealed to a majority of participants, who overall supported a variety of different approaches to promoting EBPPs. A plurality of 34% favored **reprioritizing the benefit structure**, followed by 18% opting to improve state contract requirements and 17% favoring a **required, graduated ramp up**.

The final policy area addressed the question of whether some level of **local matching funds (e.g., the 1/10 of 1% sales tax or other local funding sources) should be required to support and leverage a portion of MH and CD block grants and non-Medicaid funding.** Those who had an opinion on the issue were split on whether (49%; n=87) or not (51%; n=92) to use local matching funds to leverage flexible funds.

Introduction and Background

Washington State's Department of Health and Social Services (DSHS) carried out a process to obtain input into potential system transformation initiatives to integrate the delivery of behavioral health and primary care services through the Health and Recovery Services Administration (HRSA).

A two-stage process was used in obtaining comprehensive public input into Washington's system transformation and behavioral health/primary care integration initiatives. First, a comprehensive, exhaustive review of recommendations from 66 reports was conducted. These reports incorporated input from a variety of stakeholder groups, local, state, and Tribal government representatives, and subject matter experts. Reports addressed a wide variety of populations and issues in health and human services, and a full listing is provided in Appendix One. Predominant themes in five focal areas emerged from this review:

- Children's Health Services,
- Recovery and Peer Delivered Services,
- Integrated Care,
- Health Disparities, and
- Hospital Transitions.

Other noteworthy issues, not falling specifically or exclusively within one of the five primary domains, included the following: contracting for and purchasing of behavioral health care; performance measurement; systematic promotion of evidence-based and promising practices; complex care management; and information technology.

Second, regional community-based forums were convened to gather direct feedback to potential policy initiatives in support of integration developed by HRSA staff through the stage one review of reports. Regional forums were held in four locations around the state: Pasco, Mt. Vernon, Olympia and Spokane. Across the four sites, a wide variety of participants provided quantitative and qualitative feedback. Participants included consumers, family members (of both child and adult consumers), providers, managed care organization (MCO) and regional support network (RSN) administrators, county and state government officials, legislators, and others.

Methodology

The review of prior reports focused on the reports' recommendations for services and systems improvements.

- A total of 66 reports were reviewed and over 600 recommendations identified.
- For most reports, only formally identified recommendations were included. Some reports did not formally identify recommendations, and in these cases only clearly identified recommendations were included.
- Recommendations were prioritized primarily based on the number of times that they were made across reports, and secondarily by the importance attributed to them by stakeholders in the report, when known.

For the regional community-based meetings, HRSA staff used the results from the comprehensive review of past reports to identify a range of potential policy initiatives. At the meetings, information on these potential initiatives was shared with community members for comment and input through a series of regional community-based meetings held in September and October 2009. Participants responded to four key questions:

Question 1: "The person-centered health home is effective in delivering integrated services that support recovery, resiliency and improved health status."

Question 2: "Children's Services Integration – Choose the one option that you believe will move us toward the goal of integrated and effective children's services."

Question 3: "What approach should the State use to quickly and effectively use evidence-based and promising practices (EBPPs)?"

Question 4: "A portion of local match should be required (e.g., the 1/10 of 1% sales tax or other local funding sources) to support and leverage a portion of mental health and CD block grants and non-Medicaid funding."

For each question, background information was provided, discussion among participants was facilitated in both small and large groups settings, and quantitative data was collected using an electronic voting system regarding participant demographics and opinions regarding the four questions. In addition, facilitators for all small and large group discussions took notes, and these qualitative findings were integrated into the analysis of quantitative findings.

Findings from the Review of Prior Reports

Children's Health Services (214 recommendations across 34 reports)

There were three groups of recommendations within the children's health services domain. Across the 34 reports that pertained to children's health services, the predominant concerns were that children and their families have **increased access to care**; that providers would increase their use of **evidence-based and promising practices (EBPPs)**; and that the system would increase opportunities for **collaboration with youth and families**. Reports often were very specific in their recommendations—for example, recommending the use of particular EBPP program models.

1. **Improve Access to Care**
   - Eliminate Regulatory Restrictions to Access (address the Access to Care Standards)
   - Improve Access to Systems of Care for Children and Families
   - Pursue strategies to Increase Primary Care Integration and Support Medical Homes for Children
   - Increase Access for Youth Involved in the Juvenile Justice and Child Welfare Systems
   - Transform Systems by Integrating Services and Funding Across State Agencies

2. **Increase Use of Evidence-Based and Promising Practices (EBPP)**
   - Implement Systemic Approaches to Increase EBPP Availability
   - Expand Access to EBPPs - particularly High Fidelity Wraparound, as well as Multidimensional Treatment Foster Care, EBPPs in Children's Long-term Inpatient Program (CLIP) facilities, Multisystemic Therapy (MST), Family Integrated Transitions, Functional Family Therapy (FFT), Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity), Multidimensional Family Therapy, CLIP transition services, a crisis continuum, Trauma-Focused Cognitive-Behavioral Therapy, Parent-Child Interaction Therapy, Positive Parenting Program (Triple-P), The Incredible Years, Nurse-Family Partnership, school-based prevention, Motivating Others through Voices of Experience (MOVE), Trauma Affect Regulation: Guide for Education and Therapy – Teens (TARGET-T), Positive Behavioral Interventions and Support (PBIS), and newly developed models

3. **Transform Systems by Expanding the Involvement of Youth and Families** – Establish technical assistance centers / academies to develop Family and Youth Organizations, develop certification process for youth- and family-run organizations, and enhance peer certification processes

Recovery and Peer Delivered Services (192 recommendations across 28 reports)

Many reports addressed the need for expanding recovery-oriented and peer-delivered services for adults with serious mental illnesses. Recommendations referenced both the processes and dynamics of services, as well as specific types of services and supports (for example, housing

and employment) that respond to the pressing concerns of many adults with serious mental illnesses.

1. **Embrace Recovery to Ensure that Care is Recovery-Oriented and Person-Centered**
   - Ensure Meaningful Voice/Choice and Involvement of Consumers
   - Implement Systemic Approaches to Expand Adult EBPPs (including IMPACT, Assertive Community Treatment, Supported Employment, clubhouse programs, psychosocial therapies, medication algorithms, and alternative treatments)
   - Update reimbursement approaches to support EBPPs
   - Expand Access to Recovery-Oriented, Consumer-Driven, Person-Centered Practices (a broader, more diverse array of consumer- and family-run organizations that are independent of other providers)
   - Expand Peer-Run Services

2. **Expand Housing Supports and Reduce Homelessness**
   - Expand Access to and Funding for Housing Supports (especially the Housing First model and Permanent Supportive Housing)
   - Promote Housing Systemically and Implement Strategies to Prevent Homelessness

3. **Expand Employment Supports –** Ensure universal access to vocational EBPPs

4. **Improve Behavioral Health Services in the Criminal Justice System –** Expand diversion, treatment courts, training for law enforcement and other staff, and a systems approach

5. **Improve Services for Older Adults** – Access to services, housing and workforce issues

6. **Expand Supports for Youth in Transition –** Address both service access and quality

7. **Reduce Stigma** – Use training, social marketing methods, education and outreach

Integrated Care Recommendations (87 recommendations across 33 reports)

Exactly half of the reports reviewed contained recommendations to better integrate care across Behavioral Health (Chemical Dependency and Mental Health) and Primary Care services. No reports recommended against trying to achieve more integration in services. Recommendations addressed integration at both direct service/intervention and administrative/systems levels:

1. **Integrate Chemical Dependency (CD) and Mental Health (MH) Care**
   - Increase Access to Integrated CD/MH Care
   - Implement Specific Provider/Treatment Integration and System Level Strategies

2. **Integrate Behavioral Health (BH) and Primary Care (PC)**
   - Increase Use of Medical Homes
   - Implement Other Specific Provider/Treatment Integration Strategies
   - Implement System Level BH/PC Integration Strategies

3. **Integrate BH Care Across Multiple State Departments** by integrating funding and administrative functions.

Health Disparities (96 recommendations across 33 reports)

Half of the reports recommendations concerning disparities in access to quality services across different groups, with special concern for racial/ethnic group members, including Tribal Members; people living in rural areas; people with physical disabilities; and gay, lesbian, bisexual and transgender (GLBT) people.

1. **Eliminate Cultural Disparities Across Racial / Ethnic Groups**
   - Promote System-Level Integration and Quality/Performance Improvement Processes
   - Improve Responsiveness to Tribal Governments and Access to Services for Tribal Members
   - Address Culture for all Evidence-Based and Promising Practices
   - Expand Culturally Competent Providers / Treatment Availability
   - Improve Access to Services Across Racial / Ethnic Groups
   - Improve Access to Housing Across Racial / Ethnic Groups
2. **Eliminate Financial Disparities** (ensure service availability, regardless of ability to pay)
3. **Eliminate Geographical Disparities** (those related to rural issues)
4. **Eliminate Disparities for People with Physical Disabilities**
5. **Eliminate disparities for Lesbian, Gay, Bisexual, and Transgendered (LGBT) People**

Hospital Transitions (31 recommendations across 10 reports)

Several of the reports which dealt with state psychiatric hospital issues addressed concerns related to transitions to and from hospitals and continuity of care. These included, for example:

1. **Improve Utilization Management (UM) Practices**
2. **Expand the Continuum of Care to Reduce Use and Facilitate Transitions**
3. **Improve Data System**
4. **Address Financing Reform** (direct contracting with hospitals, ITA financial incentives)
5. **Implement Quality Assurance/Improvement Processes**
6. **Consumer Resources within State Hospitals**

Other Recommendations (70 recommendations across 20 reports)

A variety of additional themes were found in the review of reports, including the following:

1. **Change the Contract and Procurements Process for Behavioral Health (BH) to Increase Accountability and State/Local Partnerships**
   - Change the Contracting Process Overall
   - Update Contractual Requirements for Utilization Management
2. **Improve Performance/Outcome Measurement**
3. **Implement Systematic Efforts to Increase EBPP Use** (for all populations)
4. **Improve Care Management for People with Complex, High Risk Conditions**
5. **Leverage Information Technology**
6. **Involuntary Treatment Act Recommendations**
7. **Other Recommendations**
   - Improve Crisis Services
   - Expand Prevention and Health Promotion

Summary of Participant Input from the Regional Community Based Meetings

In this section we summarize the responses of participants to the four key policy initiatives.

Participant Demographic Information

- A total of 295 people participated in the electronic voting process to provide quantitative information on their demographics and opinions regarding the four key policy initiatives.

- **Primary Services of Interest**: Most held primary interests focused on integration: 41% Behavioral Health and Primary Care combined and 26% BH (Mental Health and Chemical Dependency combined). An additional 19% chose Mental Health, 6% Chemical Dependency, and 5% Primary Care.

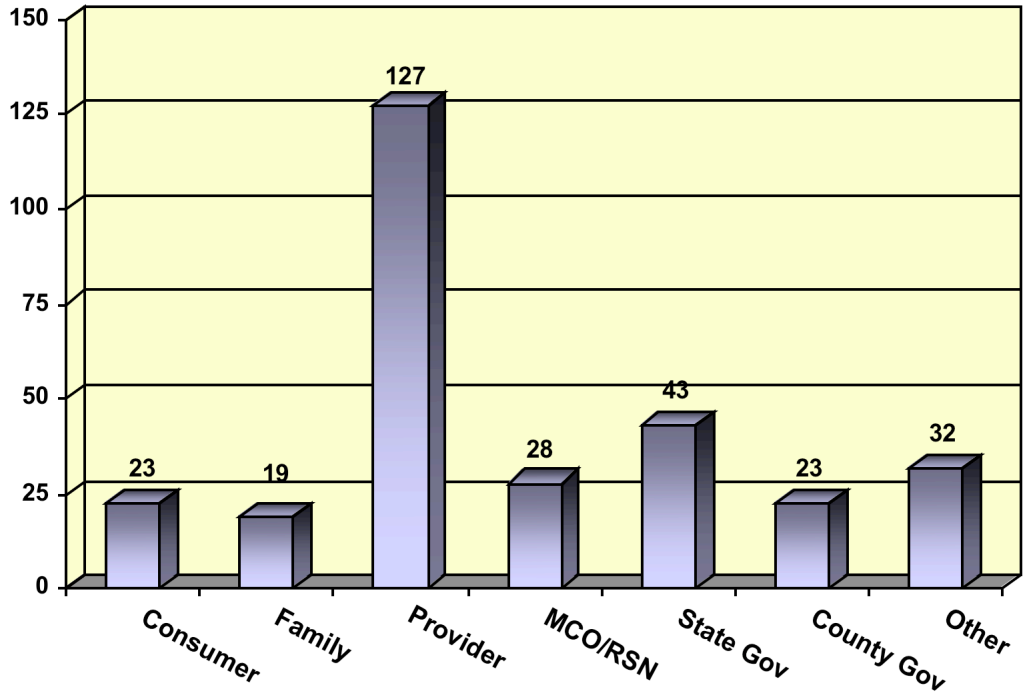
- **Primary Populations of Interest**: 65% were interested in populations of all ages, with the rest scattered across specific age groups of children (8%), youth in transition (8%), adults (13%) and older adults (6%).

- **Race/Ethnicity**: A majority identified themselves as White (n=242; 82%), and the remaining 53 (18%) represented people of color, including African American (2%), Asian American / Pacific Islander (2%), Hispanic/Latino (4%), American Indian / Native American / Alaska Native (2%), multiracial (4%), and other (4%). While analyses of differences in perspectives associated with race and ethnicity are included in this summary, the small sample sizes should be kept in mind by the reader and findings should not be assumed to be representative of the broader views of members of the various groups represented.

- **Locations of Residence**: Most participants were from Western Washington (n=163; 55%) or Eastern Washington (n=109; 36%), with the remainder from Central Washington (n=18; 6%) or someplace else (n=6; 2%). Participants were approximately evenly distributed across rural (32%), urban (29%), and suburban (39%) areas.

- **Primary Affiliations**: Providers represented the largest participating group. However, consumers, family members, MCO/RSN administrators, and other community members also were represented (see below).

Figure 1: Participants' primary affiliations



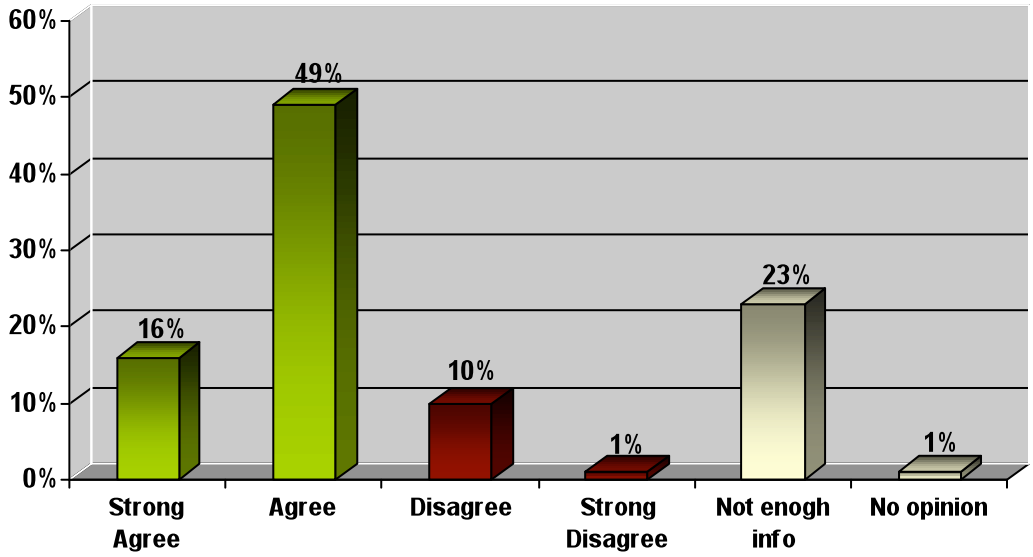
The "Other" category includes:

- Legislative member or staff – 1% (3 participants)
- Judicial branch / law enforcement – 1% (2 participants)
- Tribal government / Tribal member – 1% (2 participants)
- Other – 8% (25 participants) – examples include non-profit agency staff, student, long-term care ombudsman, advocate, local agency on aging staff, researcher, and ADSA contractor.

Question 1: "The person-centered health home is effective in delivering integrated services that support recovery, resiliency and improved health status."

- Regarding the concept of a **person-centered health home (PCHH)**, **85%** of respondents with an opinion **agreed or strongly agreed** that PCHHs have the potential to be **effective in delivering integrated services that support recovery, resiliency and improved health status**. (181 of 212)
- Nearly **one-fourth** of the sample (n=69) said they **lacked information or had no opinion**.

Figure 2: Percentages of participants agreeing or disagreeing that PCHHs are effective



Key differences across groups on Question 1 included:

- Participants interested in chemical dependency services agreed less (only 60% agreed).
- Participants interested in youth in transition agreed less (only 61% agreed).
- Participants interested in older adults agreed less (only 66% agreed).
- People of color as a group agreed less than Whites (71% versus 88%).

Groups most likely to report that they lacked sufficient information regarding PCHH included:

- 47% of participants from Central Washington and 34% from Eastern Washington.
- 60% of American Indian / Native American / Alaska Native participants and 42% of Latino / Hispanic participants.
- 32% of participants who expressed a primary interest in Children's Services.

Question 2: "Children's Services Integration – Choose the one option that you believe will move us toward the goal of integrated and effective children's services."

The second set of policy initiatives addressed **children's services integration**. Among those with opinions, **a strong majority of 64% of respondents supported the integration of funding streams for children's services** through one of several approaches.

The most popular option was to combine funding for children's primary care, chemical dependency and mental health services (n=103; 36%). Improving state contracting requirements to support integrated care was the next most popular approach (22%), followed by preferences local level implementation (7%).

However, the second largest subgroup of respondents chose the "Other" option in the electronic voting (20%; n=57). We used qualitative findings to explore the opinions of this subgroup in more detail:

- Of the 57 participants choosing "Other," 34 (60%) provided a written description to facilitators regarding the specifics of their choice.
- Of the 34 respondents who expounded on their choice:
  - The vast majority (79%; n=27) wanted to expand the age ranges included for integration (32%; n=11) or to integrate all medical and non-medical (such as child welfare and juvenile justice) services for children (47%; n=16). Two respondents (6% of the "Other" category) offered specific advice on how to integrate services for children.
  - A minority of "Other" respondents (15%; n=5) expressed concerns about integration.

Overall, nearly two-thirds (64%) of respondents support integration of funding streams.

Local level implementation was most preferred by:

- Participants from Central Washington (27%),
- Asian American / Pacific Islander participants (25%),
- County government participants (21%), and
- Latino / Hispanic participants (20%).

Enhanced state contracting was most preferred by:

- Participants primarily interested in Chemical Dependency services (75%),
- Participants primarily interested in Youth in Transition (56%),
- Participants primarily interested in Primary Care services (55%), and
- Family members (50%).

Integrating funds was most preferred by:

- Multiracial participants (67%),
- State Government participants (60%),
- Participants primarily interested in Older Adults (57%),
- Urban participants (53%), and
- Participants from Central Washington (53%).

Integrating funds and **other responses** combined was most preferred by:

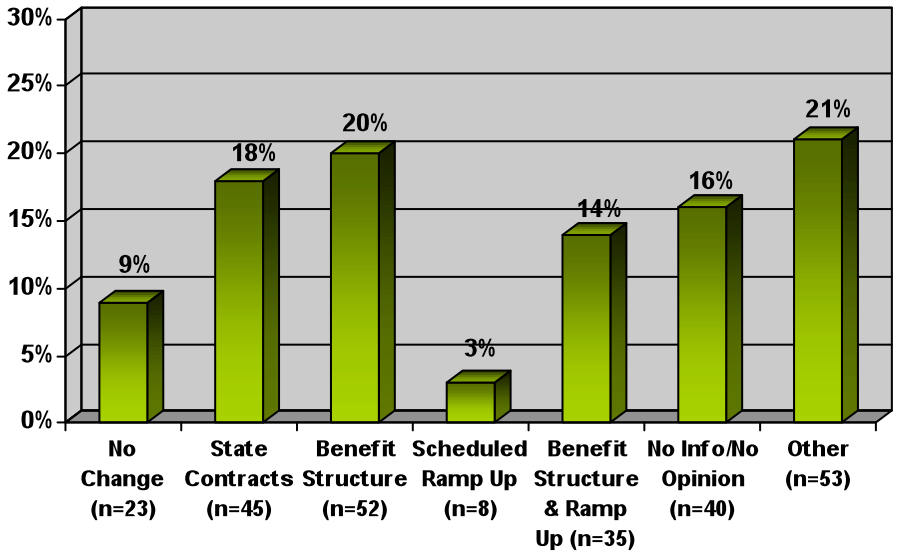
- Consumers (84%),
- Urban participants (75%),
- State Government participants (75%),
- Participants primarily interested in Adults (74%),
- Participants primarily interested in Older Adults (72%), and
- People of color (69%).

Question 3: "What approach should the State use to quickly and effectively use evidence-based and promising practices (EBPPs)?"

The third area addressed potential approaches to **expand access to evidence-based and promising practices (EBPPs)**. No single approach appealed to a majority of participants, who overall supported a variety of different approaches to promoting EBPPs. Instead, participants supported a variety of different approaches to promoting EBPPs, including:

- Reprioritizing the benefit structure to support the adoption of EBPPs (34%);
- Improving state contract requirements to support the use of EBPPs (18%); and
- Implementing a required, graduated ramp up (17%), with most of these only favoring this if combined with reprioritizing the benefit structure (14%).

Figure 3: Percentages of participants preferring different approaches to EBPP promotion



The largest group of participants (n=53) endorsed the "Other" category, and suggested an alternative approach. We used qualitative findings to explore the opinions of this subgroup in

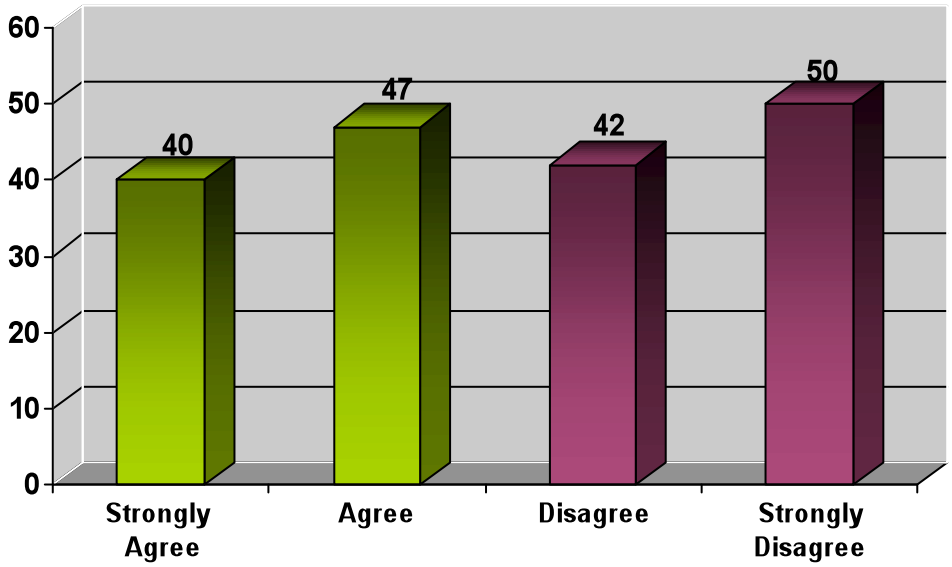
more detail. Of these 53 persons, 38 (72%) provided a written description to facilitators regarding the specifics of their choice. These were analyzed and categorized as follows:

- **Alternative Approaches to Effectiveness** (26% of "Other"): These respondents did not view EBPPs are not an end in themselves. They recommended to instead use outcomes or performance-based contracting to promote effectiveness, some as an alternative and some in combination with EBPPs. In addition, "Practice-Based Evidence" was also seen as important and recommended by some to be used instead of EBPPs and by others in combination with EBPPs.
- **Preserve and Promote Consumer-Centered Approaches** (11% of "Other"): These respondents did not want EBPPs to interfere with the promotion of consumer-driven services and consumer-centered approaches to services. They recommended a balance between consumer-run/peer services and EBPPs or promotion of a mix of EBPPs and consumer approaches, including coupling the EBPP push with the funding of consumer services.
- **Preserve Key Processes** (11% of "Other"): These respondents did not want to allow EBPPs or contract mandates to interfere with important values and therapeutic processes that are also effective, but not identified as EBPPs (such as the importance of the therapeutic relationship or consumer choice).
- **Set Appropriate Requirement Levels** (26% of "Other"): These respondents did not want to tie the hands of organizations and practitioners with heavy EBPP burdens, instead suggesting requirement levels that are appropriate and reasonable. In particular, this subgroup wanted to allow Tribes to maintain autonomy in identifying evidence-based approaches.
- **Successful EBPP Implementation Ideas** (18% of "Other"): These respondents wanted to be sure that EBPPs are promoted in ways that will be successful, including testing and evaluating EBPPs before requiring them, using demonstration projects, ensuring that documentation burdens are not increased, and making sure to provide needed training and support.
- **Miscellaneous Advice** (8% of "Other"): Concerns touched on family issues, medication concerns and integration of funding.

Question 4: "A portion of local match should be required (e.g., the 1/10 of 1% sales tax or other local funding sources) to support and leverage a portion of mental health and CD block grants and non-Medicaid funding."

Participants who had an opinion on the issue were split on whether (49%; n=87) or not (51%; n=92) to use local matching funds to leverage flexible funds.

Figure 4: Number of participants agreeing or disagreeing with using local matching to leverage flexible funds



Subgroups most likely to support the leveraging of local funds included:

- State Government officials (72%),
- Consumers (69%),
- Participants primarily interested in Adult populations (66%),
- Participants primarily interested in Primary Care services (60%),
- People of color (59%), and
- Those living in the Western part of Washington (59%).

Subgroups least likely to support the leveraging of local funds included:

- Native Americans (0%),
- Managed Care Organization and RSN Administrators (15%),
- Asian Americans (25%),
- County Government Officials (28%), and
- Participants from Central Washington (30%).